## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/427,811		
Filing Date	October 27, 1999		
First Named Inventor	Paul Kaib		
Group Art Unit	2445		
Examiner Name	Adnan M. Mirza		
Attorney Docket Number	22022.0007US		

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

any design app	lication.							
1. Submissi	ion requi	red under 37 C.F.R. § 1.114						
а. 🗌	Previou	ısly submitted. If a final Office action is outstand			er the final Office			
		may be considered as a submission even if this						
i.		Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed						
ii.		Consider the arguments in the Appeal Brief or I	Reply Brid	ef previously filed on [	**DATE OF			
	APPEAL BRIEF**]							
<u>iii.</u>		Other						
b. 🖂		Enclosed						
i.	☐ Amendment/Reply							
ii.		Affidavit(s)/Declaration(s)						
iii.								
iv.								
2. Miscellan								
а. 🗌								
	•	of **** months. (Period of suspension shall not exceed 3 months.)	nths; Fee und	der 37 C.F.R. § 1.17(i) required)	)			
b. 🔲	Other ****							
3. Fees	(Fees are	required at the time the RCE is filed)						
a. 🗌		in the amount of \$***** is enclosed for the fees o	Jesignate	d below.				
b. 🔲		Card Form PTO-2038 authorizing payment in the			for the fees			
	designa	ated below.						
с. 🛚	Paymer	nt is herewith submitted electronically via EFS-V	√eb in the	e amount of \$810.00 fe	or the fees			
_		ated below.						
d. 🗌		ector is hereby authorized to charge the amount	t of \$****	to Deposit Account No	o. 14-0629 for the			
		signated below.						
е. 🛚	Fees							
		RCE fee required under 37 C.F.R. § 1.17(e) (La		.y) - \$810.00				
		Extension of time fee (37 C.F.R. §§ 1.136 and	1.17)					
		Other						
f. 🛚		ector is hereby authorized to charge any underp	ayment c	or credit any overpaym	nent to			
	Deposit	Account No. 14-0629.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Name			Pegistr	ation No.				
(Print/Type)		Jennifer F. Miller		ey/Agent)	56,278			
(Fillu i yp <del>o</del> )			1711107770	<u>,                                      </u>	00,270			
Signature		/Jennifer F. Miller/	Date	February 11, 2009				